Chloralamide is best given in a slightly acid solution, with spirit, or as an elixir, thereby sufficiently disguising its bitter taste. The danger from a large dose is less than from a large dose of chloral. Disagreeable after-effects are less common. Some observers value chloralamide highly, while others regard it as in no way deserving especial praise. Sulphonal is a less powerful hypnotic than chloral, with even less influence on pain, but without so much, although with slight, depressing action on the heart. From its difficult solubility, the physiological action is slowly produced; a single dose may be efficient for two successive nights, and there is risk of the cumulative effect if the dose is too often repeated. In doses of thirty grains or less it is in the main safe, although twenty grains given each night for several weeks to a girl of sixteen, produced stupor, and twenty grains, three times a day continuously, to a strong male adult, caused ataxia, tremor, and mental apathy. It has been found not always certain, and in over-action, with an after-effect of somnolence, fatigue, depression, lack of appetite, which, from an overdose, may amount to semi-coma and cardiac depression. Given in doses of five grains, and repeated, if necessary, two or three times, or of ten or twenty grains, and perhaps repeated, it has proved in his hands a hypnotic of great value in producing sleep which is refreshing and natural. When care has been taken not to give it too often or in too large doses, he had never seen any untoward results from it.

It is the most important and widely useful of the new hypnotics. Phenacetin may be given in wafers and compressed tablets, as a powder or with brandy. In the insomnia of overwork or nervous irritation, in febrile states, or from headache, it is a hypnotic of great value, in doses of five to ten grains, repeated if necessary. In sleeplessness of intense neuralgia, less than fifteen grains, repeated two or three times, as needed, is not likely to be effectual, the fact having been first ascertained that there is no intolerance to the drug. —*Boston Medical and Surgical Journal,* July 10, 1890.

## MEDICINE.

UNDER THE CHARGE OF

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### TETANY.

JAKSCH (abstracted in *Centralbl. f. d. med. Wissensch.*, 1890, 24, 441) has during four years observed 41 cases of tetany; 36 of which were in males and 5 in females. It is most common between the ages of seventeen and eighteen years, at least in males, though the women affected were between twenty-six and forty-seven years old. The males belonged principally to the class of artisans; the majority being shoemakers, then carpenters, tailors, etc. The disease appeared most frequently in the winter and especially in the spring months. Hereditary conditions and preceding infectious diseases appeared to possess no influence. Although the upper extremities were those in which the spasm predominated, the lower were in the majority also attacked. In one case the left lower and the left upper extremities were the only ones attacked. In some cases the masseters were also involved, and the tongue was thick and exhibited muscular twitchings, as did other muscles of the body. The most important and most constant symptoms of tetany were the irritability of the facial nerve and the production of contraction by pressure on the arteries and nerves of the limb. In regard to the relation of the motor apparatus to electrical stimulation the author's observations agree with those of others.

He found the patellar reflex present in all cases except two, ankle-clonus in no instance, and the cremasteric and abdominal reflexes usually increased. The average duration of the disease was two to three days. In 18 of 36 cases there were relapses, often several. The author found fever of intermittent or remittent type in 9 out of 35 men with the affection, and a subnormal temperature usually followed this. Respiration remained, as a rule, unaffected; the pulse-rate was somewhat increased during the fever. The author considers these symptoms due to the action of a poison whose nature is not yet determined. He describes certain cases as acute relapsing tetany, distinguished by their rapid cyclic course from the more frequently observed chronic cases, among which there are occasionally observed very severe instances. Cases of this latter sort occurring in the course of grave cerebral diseases should, like athetosis, be considered as showing symptoms of cerebral irritation.

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## TRAUMATIC TETANUS OCCURRING IN THE COURSE OF TYPHOID FEVER.

BELHOMME (*Arch. de Méd. et de Pharm. Milit.*, 1890, No. 6, 464) refers to the rarity of the combination of tetanus with a microbic disease, and reports two instances of its association with typhoid fever. His search through medical literature has disclosed no other instances of this combination. The first case, briefly reported, occurred in a man who, having a wound on his finger, developed typhoid fever, and died after fifteen days with the symptoms of tetanus. The second case, a patient under the author's own observation, was a man of twenty-five years suffering from typhoid fever, who fell from a window while semi-delirious and received several wounds. About eleven days after this accident the symptoms of tetanus developed and increased until terminated by death. The etiology was interesting in this instance. The patient, being a cavalryman, was in constant contact with horses, and wore clothes impregnated with their sweat, and may have acquired the tetanic infection in this manner; or it may have been through the contact of his wounds with the earth on which he fell and which was rich in manure. Bacteriological inoculation-experiments made with the earth from the place on which the patient fell appeared to prove beyond a doubt the telluric origin of the disease in this case. It should be noticed that the first case also occurred in the person of a cavalryman.

The author claims that these two observations put beyond doubt the possibility of the simultaneous appearance of typhoid fever and tétanus in the same individual, and without their exercising the slightest influence upon each other.

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## THE PHYSIOLOGY AND PATHOLOGY OF SLEEP; WITH OBSERVATIONS ON NONA.

MAUTHNER (*Intern. klin. Rundschau*, 1890, 949), in discussing the various pathological processes whose most prominent symptom is sleep accompanied by extreme muscle-weakness, divides these into those of a more chronic or subacute course, and those of a very stormy acute form. In the first category belong:

1. The "endemic morbid somnolence of the negroes," which is followed by death in the course of two to three months. The symptoms are general apathy and depression, the most extreme muscular weakness without motor paralysis and with intact sensibility, a staggering gait, and constantly increasing somnolence until the power of motion is entirely lost, and the motionless sleep lasts until the fatal end.
2. "Gayet's disease," as illustrated in the case described by Gayet in 1875, the symptoms, course, and termination of which possess a close resemblance to the "maladie du sommeil," and which is of especial importance in that an autopsy was obtained.
3. "Gerlier's disease," occurring in the form of small endemics in Switzerland, and described by Gerlier under the name of "*vertige paralysant.*" The symptom of somnolence is less prominent in this affection than are the vertigo and extreme muscular weakness, rendering young, powerful stablemen unfit for any labor.
4. The "*Attaque du sommeil*" of hysterical persons, the duration of which may be several months without ending fatally.

All of these more chronic forms—with the exception of the tropical form, of which the author has no certain knowledge in this respect—have a striking focal symptom in common; viz., ptosis with paralysis of the ocular muscles.

The acute forms are represented by the following:

1. "Wernicke's disease," whose symptoms are, from the beginning, a combination of ocular paralysis, staggering gait, and somnolence, or else a final stage of somnolence after preceding agitation.
2. Unusually long sleep after intoxication, in which the individual may sleep—as in one case under the author's observation—as long as five days, during which time it is impossible to wake him.
3. "Nona," in case this disease actually exists. The possibility of the existence of this affection cannot be denied, since Morbus Wernicke, occurring epidmeically or endemically, would end in death the third or fourth week, with somnolence as its most prominent symptom.

The nature of both the chronic and the acute forms of morbid somnolence is undoubtedly that of a *poliencephalitis superior*. The inflammation of the central gray cavities of the third ventricle, the gray matter of the walls of the aqueduct of Sylvius, and that of the floor of the fourth ventricle, give as the most constant general symptoms, general apathy and depression, with excessive muscular weakness, and, in a more advanced stage of the disease, extreme somnolence; while as a result of the extension of the process to the nuclei of the nerves, the focal symptom of ocular paralysis appears.

Basing his opinion on clinical experience and on the pathological appearance in disease of the central gray cavities, the author proposes a theory for the cause of physiological sleep. This theory is, that sleep is to be considered as an evidence of tiring of the central gray cavities. Through the temporary suspension of the function of this portion of the brain, both the centripetal and the centrifugal nervous paths communicating with the cortex are cut off. Consequently sensory impressions are not conducted to consciousness, although the sensory organs on the one hand, and the cells of the cerebral cortex on the other, have not suspended their function. In the same way the motor centres are normally innervated in dreams, but on account of the interruption in the conduction in the central gray cavities, no motion is produced in spite of the normal power of conduction of the peripheral nerves. Finally the focal symptom of ocular paralysis is not absent; for the falling of the eyelids in those becoming sleepy is a true ptosis, while the simultaneous occurrence of double vision indicates the marked disturbance of innervation of the external ocular muscles.

## SIX CASES OF FRIEDREICH'S ATAXIA OCCURRING IN THREE DIFFERENT FAMILIES.

G. W. ROOK and C. L. DANA (*Journ. Nervous and Mental Diseases*, 1890, 173) report the histories of six cases of Friedreich's ataxia occurring in three different families. The first case was that of a boy of twelve years. His father had suffered with ataxia during the last ten years of his life, and there were other spinal troubles in his family. The patient showed no symptoms of the disease until about a year previously, when his gait became awkward and irregular, and he frequently stumbled, especially in the dark. When examined by Dana, six or more months after, there was an ataxic gait, made worse by closing the eyes, and he could not stand with his eyes shut. He had no pain, spinal curvature, nystagmus, characteristic affection of speech, local atrophies, affection of vision or of the optic nerve. The knee-jerks were present. There was dorsal flexion of the right great toe, and slight tactile anæsthesia of the right foot. The urine and the electrical reactions were normal.

In the second case, also seen by Dana, the disease first developed when the patient was fifteen years old, after a blow on the head, and was associated with polyuria and disturbance of speech. When examined, at the age of twenty-one, the ataxia and peculiar rolling gait were very marked.

The four remaining cases were under the care of Rook, and were all of the same family. In the family history the only predisposing causes discoverable were phthisis and alcoholism. Of eight childen, four were ataxic. The first of these, a female, aged twenty, had an attack of measles in her eleventh year, and began in the same year to experience a sense of weakness in the lower limbs, and a staggering gait. In her twelfth year the arms were likewise affected. At the time of examination there was kypho-scoliosis, double talipes valgus, a claw-like appearance of the hands, and an expressionless appearance of the face. The speech was tremulous and slow, the disposition somewhat irritable, acts of cerebration were performed with an effort. There was no paralysis, but decided atrophic changes in the muscular system, and the electrical reaction was much less than normal. She was unable to stand or walk without support, and the movements of the arms became more ataxic when the eyes were closed. Cutaneous sensibility was diminished. There was no pain, but numbness was experienced. Vertigo was present at times. There were no ocular symptoms. The superficial reflexes were diminished, and the knee-jerks abolished.

The second case, a male, aged sixteen, began to exhibit a staggering gait in his eleventh year, and affection of the arms about one year later. When examined there was found kyphosis, a very ataxic gait, occasional attacks of syncope, normal nutrition, slow tremulous speech, but little affection of intellect, spasmodic painless contractions of the lower limbs, diminution of the electrical reactions of the muscles, vertigo, diminished cutaneous sensibility and plantar reflex, and abolished knee-jerk. There was no paralysis or atrophy. The ataxia was made worse by closing the eyes, and under this condition he could neither stand nor walk.

The third case, a girl, aged fourteen years, began in the same way and at the same age as did the others. When examined, her gait was very ataxic, and the motions of her arms nearly equally so. Station became worse when the eyes were closed. There were kyphosis, double talipes valgus, wrist-drop, claw-like hand, palpitation of the heart, fever due to disease of the lungs, slow and tremulous speech, diminished electrical reaction of the muscles, frequent attacks of vertigo, occasional numbness in the limbs, diminished plantar reflex and abolished patellar reflex, diminished cutaneous sensibility, marked muscular atrophy, some nystagmus, no paralysis, and no pain.

The last case, a girl of nine years, was only beginning to exhibit symptoms of the disease. Speech was slow but not tremulous, ataxia of locomotion or station was only apparent when the eyes were closed. In the excitement of play, or with the eyes shut, the motion of the arms become slightly ataxic. There was no atrophy, contractures, paralysis, or alteration of the electrical reaction; tactile sensation was diminished, the plantar reflex nearly normal, but the knee-jerk greatly diminished.

The treatment employed in these four cases was silver nitrate, cod-liver oil, and suspension. The first and third cases improved, but no alteration was noticed in their ataxia. The second case improved in his gait, but not in his reflexes or tactile sense. In the fourth case, no increase of the ataxia was observed during six months of treatment.

## HEREDITARY CHOREA.

In reporting several cases of different nervous disorders, BOWER (*Journ. of Nervous and Mental Diseases*, 1890, 131) records three of hereditary chorea. The first occurred in a negro, aged thirty-six years. His mother, with her two sisters and one brother, suffered from the same affection. In the mother the disease developed at the age of twenty-six, and gradually grew worse until she died of exhaustion at the age of sixty-eight. In the aunts and uncle it appeared probably between the ages of twenty and thirty-five years. One of the aunts was dead; in the uncle the arms alone were affected.

The patient, who had been a hard drinker, became suddenly paralyzed in the lower extremities at the age of twenty-eight, but recovered after three months. At thirty years of age twitching of his hands began, and spread slowly, until the whole body became affected. When examined, he exhibited constant choreic movements of the upper extremities, with swaying of the body in walking, and pseudo-ataxic movements of the legs. The movements were not increased by voluntary efforts, but seemed to be by excitement. When sitting he was less unquiet, though still moving. His speech was slow; his handwriting was fairly good, but accomplished only with great effort to keep himself in proper position. His mental condition did not appear to be impaired.

A second case is assigned by the writer to this category on the ground that it appeared to have the symptoms of Huntington's chorea, though there was an entire absence of a history of heredity. The patient, aged thirty-two, began to have twitching and weakness in the upper extremities about three years before, followed in about three months by involvement of the head and legs. When examined it was found that while sitting the legs and feet were usually quiet, though there was a constant almost rhythmical motion of the head, occasional restless movements of the arms, and constant irregular athetoid motion of the fingers and hands. On walking the choreic movements were everywhere much increased, and the gait exhibited a peculiar twisting, half-rotating movement of the trunk and limbs. Voluntary effort, such as writing, caused the movements to become less marked, but excitement greatly exaggerated them. Speech was slow; the tongue could not be fully protruded, and seemed to be not entirely controllable. Knee-jerk and muscle-jerk were considerably exaggerated, and there was slight ankle-clonus.

The father of the third case was affected with the same disease as the patient herself, and her baby of four months of age had almost constant choreic movements of both hands. The patient, aged forty-one, began to have slight twitchings when about thirty-six years old, and these gradually increased. The study of the case showed that the movements of the head, arms, legs, and speech were affected much as in the other cases described. The right side was much more markedly disordered than the left. There was slight beginning dementia.

### INFECTIOUS ICTERUS.

DUCHAMP (*Rev. de Méd.*, June, 1890, 483; 520) says that beside the classic catarrhal icterus, of which the source is the influence of the seasons, gastro-intestinal catarrh or emotional disturbances, there has been coming into prominence the doctrine of an icterus which is to be considered as a general disorder, the result of an auto-intoxication or an infectious element coming from without. The author has seen certain cases which seem incontestably due to the latter cause, and which constituted a limited epidemic of icterus.

About the last of the month of May an obstructed sewer had been opened for cleaning one of the streets of Montpellier, and black filth of a nauseating odor was taken from it. Although this remained exposed to the sun but a very short time, and from the outset was disinfected with chloride of lime, yet six of the workmen, who had been employed for different lengths of time, were taken sick; three with icterus, two with gastro-intestinal disorders, and one with simple malaise.

In the three cases of icterus, the details of which are reported, the symptoms appeared much the same in all.

In examining the causes which could have possibly produced the icterus, the author finds that the only one common to all the cases was the participation in the cleaning of the sewer. He believes that the six workmen came into contact at some period with a telluric element of infection, a mephitic substance from the filth; and that this, finding in three of them a favorable soil, gave birth to the disease.

The author shows that the affection could not be some other infectious disorder merely complicated by icterus, but that the icterus was itself the infectious disease; it was, namely, an essential infectious icterus. Although the cases which he reports had no initial headache, no herpes, no fever with relapse, no microörganisms in the blood, no amelioration by crisis, yet they cannot be considered as essentially other than instances of the affection first described by Landouzy as *ictère grave*, then by Mathieu as hepatic typhus, and later studied by Weil, and going under his name.

The author prefers the title "infectious icterus." It indicates the clinical nature of the malady, and is, besides, a general term, and therefore appropriate, since all the cases of infectious icterus have by no means a perfect resemblance. If the author wished to adopt a classification of the varieties of cases seen, he would range those which he now describes under the category of "benign polycholic infectious icterus."

As with other infectious diseases, infectious icterus has periods of incubation, invasion, and decline. The period of incubation is believed by him to have been five days in the cases he observed. The invasion was marked by a serious condition of the general health, extreme depression, moderate fever, severe myalgia increased by pressure on the muscles of the lower limbs, and sometimes vertigo and epistaxis. Only in the second case was fever observed, lasting three days, and gradually diminishing. Intense polycholic icterus was the most characteristic symptom of the affection. Nasal and cutaneous hæmorrhages were observed. The urine was albuminous in one case. The gravity of the general state of the patient was especially to be noted. No alteration in the condition of the spleen or liver could be detected. This period of the disease lasted about two weeks. The period of decline was indicated by diminution in the degree of icterus, though the general condition might improve before or after this. The period of decline lasted three to four weeks, and was attended by a tardy convalescence, and a diminution in the size of the liver.

The author admits that the penetration of a volatile ptomaïne into the organism might produce all the symptoms described, but claims that the long period of incubation indicates that the disorder is caused by a microbe.

In the same number of this journal SÉZARY describes a case under the title of Weil's disease. The patient, a butcher, was suddenly attacked by sore-throat and fever. The following day there were prostration and depression.

Two days later subcrepitant râles developed in the chest, and the action of the heart became rapid to a degree out of all proportion to the temperature, while the urine contained albumin. After about a week icterus developed; the liver became enlarged; the spleen remained apparently normal, and the patient complained of tearing pains in his arms and legs. The tongue was coated, the appetite lost. About the tenth day a scarlatiniform eruption appeared upon the buttocks and in the groin, and lasted about three days. The fever disappeared after about fifteen days, but the patient continued very feeble for several weeks more.

The author is of the opinion that the infection in this case was probably introduced by way of the inflamed tonsils. Not only did the symptoms resemble those described by Weil, but the fact that the patient was a butcher by trade rendered the diagnosis still more probable, since the disease appears to have a predilection for men of this profession. The author is convinced that Weil's disease is an infectious one, and believes that the presence of the disease among butchers offers a certain presumption that the infectious agent is a microbe of animal origin. The immoderate use of alcohol, as in the case reported, perhaps predisposed the organism to the attacks of the infectious agent.

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### OBSERVATIONS ON THE MOVEMENTS OF THE INTESTINE IN MAN.

ROSSBACH (*Deutsch. Arch. f. klin. Med.*, 1890, xlvi. 323) says that there is, as far as he knows, only one case described—that of Busch—in which there had been an injury to the intestine from which the patient had recovered, and which yet permitted satisfactory observation of the intestinal movements. This was a case of abdominal hernia with an artificial anus in the upper part of the small intestine. Through this abnormal opening the movements of the intestine under various conditions could be well seen.

The author has been fortunate enough to find an individual, a woman, suffering from constipation and movable liver, whose abdominal parietes were so remarkably relaxed and thin that the movements of the bowel could be observed with accuracy. Careful study of these, with the graphic plotting of curves representing them, seemed to render certain observations beyond doubt.

1. In the early morning hours the intestinal peristalsis as well as the gastric movements appeared to be at rest.

2. As soon as food is taken into the empty stomach and passes thence into the intestine an evident peristalsis begins, alternating with intervals of quiet. Sometimes the movements begin within a quarter of an hour.

3. No difference could be perceived in the intensity of action of different articles of diet upon the intestinal movements; except that coffee, whether taken fasting or after the midday meal, almost always produced the strongest peristalsis.

4. In general the irritability of the intestine appeared to have grown very slight by evening, since often no peristalsis was to be observed either immediately or a long time after the ingestion of the evening meal.

5. Except as mentioned, there appears to be no regularity in the intestinal peristalsis. The movements may be present before, during, or after a meal,

may be marked or slight, may develop at once after eating or only after one to two hours.

6. The peristaltic motion never lasts long with the same intensity. Large waves alternate with small ones, or with intervals of rest.

These observations apply to the intestine under the influence of ordinary nourishment only. The author has examined also the effect of various agents upon the movements with the following results:

1. Slight degrees of cold, as the mere exposure of the abdomen, produce peristalsis after a few minutes, or strengthen it if already present.

2. Greater degrees of cold, as sprinkling the abdomen with cold water, likewise increase the peristalsis only in slight degree.

3. The drinking of cold water produces at once a lively peristalsis.

4. Rubbing of the abdominal walls has no effect.

5. Moderate pressure in the space between the two *recti abdominis* is followed by an unusually active movement.

6. Pressure and squeezing of the intestine itself produce no movement.

7. After coughing the peristalsis becomes evidently stronger during a considerable time.

8. Through pressing [evacuation of the bowels] an increased peristalsis is produced.

9. Respiration does not cause an active peristalsis to cease, but a prolonged holding of the breath does have this effect, though the movements return later.

10. Purgation, accomplished by means of enemata, develops very violent peristaltic movements, accompanied by rumbling and distention of the abdomen.

11. One to two drachms of castor oil taken internally have no effect upon the bowel during the first half-hour, but then develop active peristalsis combined with rumbling in the abdomen.

12. Intense sensations of hunger always occasion active peristalsis.

13. The excitement of the emotions (as moderate fright, the sudden refusal to allow the patient to eat when hungry, etc.) causes the immediate disappearance of peristalsis, even when strong. After five to ten minutes the movements return.

14. The employment of electrical irritation produces very varying results. (*a*) The faradic current supplied to different parts [as shown in an appended table] brought out or strengthened peristalsis in a few cases, but its action was very inconstant. (*b*) The galvanic current [as also shown in a table] in like manner usually produced no or but slight peristalsis, and only in a few instances when applied through the rectum succeeded in developing active movements.

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### BACTERIOLOGY IN THE PROGNOSIS AND TREATMENT OF PURULENT PLEURISY.

NETTER (*Rev. Gén. de Clin. et de Thérap.*, 1890, No. 21, 341) has examined the effusion in 109 cases of purulent pleurisy, and has found a large variety of bacteria. Thus he has observed 51 cases in which the streptococcus was present; 32 with pneumococci; 14 characterized by the association of different species of microbes, and 12 instances of tubercular pleurisy. In the first three forms the histological examination and the cultures have shown what organism was concerned, while in the fourth the tubercle bacilli were often found in the pus by microscopical examination, although they might be absent. The failure to find tubercle bacilli does not justify the conclusion that the pleurisy is not tubercular, since inoculation of the peritoneum of rabbits with the pus sometimes gave positive results.

Clinical experience has shown that the pleurisy occasioned by pneumococci is much the most benign. It is most frequent in children, it often terminates by vomica. The pus should be removed by repeated aspirations before practising incision as a last resort.

Pleurisy from streptococci is more serious and more frequent in the adult. It is the type of classic pleurisy, and it is in cases caused by it that there is the greatest need for surgical intervention. The pleural cavity ought to be emptied very early by thoracotomy, and the organisms which have developed upon its walls should be destroyed by the employment of a powerful antiseptic, such as sublimate; for without this treatment the germs are reproduced with great ease in the places where they have not been disturbed, and thence infect anew the pleural surface. There are, however, cases of pleural effusion due to streptococci which have recovered spontaneously after one aspiration. But as bacteriological methods do not determine the virulence of the streptococcus in a given case, it is better to employ early interference by thoracotomy.

Putrid pleurisies demand the same early interference. They may heal without fistula.

Tubercular purulent pleurisies do not heal by incision, but are improved by aspirations performed at long intervals.

### CARCINOMA OF THE PANCREAS.

N. G. RICHMOND (*Buffalo Med. and Surg. Journ.*, 1890, xxix. 728) reports a case of primary cancer of the pancreas. The patient, a man of fifty-six years, had been in poor health for some years, and had suffered from tenderness over the epigastrium with occasional attacks of bilious colic. For some months he had at intervals passed from the bowels what he described as "soap." The ingestion of fats in the food increased this, while starchy foods controlled it. The peculiar stools came liquid from the bowel, and when cool formed solid plates of a golden yellow color, which could be moulded like wax. They covered the feces, and were not mixed with them. A tumor the size of a fist was found in the epigastrium, extending transversely from the region of the gall-bladder to the left of the median line. Emaciation, pain, and loss of appetite increased; digestion was attended by a burning sensation; jaundice was present at times.

The autopsy showed a cancer of the head of the pancreas with a general breaking-down of the whole of the organ. The outer wall of the duodenum, the liver, spleen, and lesser curvature of the stomach were involved to some extent. The growth surrounded and occluded the common bile-duct.

Of the fifty cases of cancer of the pancreas which the author has been able to collect the most prominent symptoms have been: emaciation; pain; jaundice; fatty, chalky, or clay-colored stools; tumor in the epigastrium. The pain in this disease is more continuous than in cancer of the pylorus, and radiates in more directions. Jaundice is common, due to the surrounding of the common bile-duct by the cancerous mass. The emaciation has been noted in every case, and is attributed by the author to the robbing of the system of the fats which the pancreatic juice is accustomed to saponify.

As regards fatty diarrhœa, it has been claimed that this symptom is pathognomonic of disease of the pancreas. The author, however, concludes from his study of the reported cases, that though it is, when connected with tumor in the region of the pancreas, a strong argument in favor of the existence of cancer of the organ, it yet is absent in the majority of cases. He agrees with those who hold that there is no symptom pathognomonic of pancreatic cancer.

An aid in differentiating the disease from tumor of the pylorus is that it is more obvious in the recumbent position, since in the erect position the liver and stomach come over it. A full meal also helps to make it disappear.

The duration of the affection is from one to two years.

Of the different varieties of cancer of the pancreas scirrhus of the head of the gland is the most common; encephaloid next in order; and cylindrical-celled epithelioma the least frequently seen.

Treatment consists simply in relieving pain, meeting symptoms as they arise, and in the use of an easily-digested and easily-assimilated diet. Artificial digestives are to be recommended.

## SURGERY.

UNDER THE CHARGE OF

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### Acute Strangulation of the Intestinal Wall.

Schaeffer (*Deut. med. Woch.*, No. 27, 1890) reports two cases of Littré's hernia, both of which were operated upon, and terminated favorably. In commenting upon these cases, Schaeffer notes that in neither was there intestinal obstruction. Indeed, the diagnosis was made from the fact that, together with the symptoms of strangulated hernia, there were repeated spontaneous passages of gas and fæces.

According to Laurents, who has observed twelve cases of this form of hernia, obstruction develops nearly always in Littré's hernia; the evacuation, if observed, depending rather upon dislodgment of fæcal masses lying in the bowel beyond the seat of constriction than upon preservation of the continuity of the intestinal canal.